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United States District Court
Office of the Clerk
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General Filing Instructions for the CJA-24 Form
(Authorization and Voucher for Payment of Transcript)

The CJA-24 form located on the Eastern District of North Carolina's website (www.nced.uscourts.gov) is a fillable pdf document that should be completed online and docketed in CM/ECF by counsel. A line-by-line instruction sheet for the CJA-24 form can also be found on the court's website. A separate CJA-24 form must be completed (items 1-14 and 18) for each court reporter from whom you wish to order a transcript.

The form must be signed with an electronic signature (/s/ typed name) just as with other electronically filed documents. In order to make all of the fillable fields permanent, the form must be re-saved as a pdf before filing in CM/ECF.

WARNING: Do not print the CJA-24 form, complete it and then re-scan it as a pdf. When a document is printed and then scanned, the file size of the document is increased and the quality of the image presented to the judge is inferior.

Each CJA-24 form must be docketed as a separate docket entry in the relevant case. When the case is on appeal, the event *Appeal-Proposed CJA-24* located on the ECF menu under **Other Filings, Appeals Documents**, should be used. Using this event will send automatic notification to the Fourth Circuit Court of Appeals. When the case is not on appeal, the event *Non-Appeal-Proposed CJA-24*, located on the ECF menu under **Other Filings, Other Documents**, should be used.

Once docketed in CM/ECF, the CJA-24 form will be processed by the district court.

If you should have any questions, please call the CM/ECF Help Desk at 1-866-855-8894 before filing the document.

INSTRUCTIONS
AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT
CJA FORM 24

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in prompt payment of the claim. Please type or print clearly in blue or black ink. If the form is system generated, Items 1 through 11 will be preprinted on the form.

- Item 1. CIR./DIST./DIV. CODE: This six-character court location code is the circuit, district and divisional office codes of the court where authorization is given to procure the transcript.
- Item 2. PERSON REPRESENTED: Give the full name of the person for whom representation is being provided (i.e., the person for whom transcript services are requested). Only one name should be entered in Item 2 "Person Represented."
- Items 3-6: DOCKET NUMBERS: Provide the case file number or the miscellaneous number of the case for which representation is provided. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNN), and the defendant number (DDD) if applicable. Thus, the docket number format is YY-NNNNN-DDD. Complete a separate voucher for each transcript requested. Prorate the total transcript cost among the cases when costs are shared or apportioned. Cross reference all related claims for which costs are prorated or apportioned.
- Item 7: IN CASE/MATTER OF (CASE NAME): In criminal cases, enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, give the case cite as provided on the information or indictment (e.g., *U.S. vs. Lead Defendant's Name, et al.*) If the person represented is not a defendant (e.g. material witness), enter the first named defendant in the court's recording of the case. If this is a civil case (e.g., habeas corpus), enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title. If other than a criminal or civil case (i.e., miscellaneous matters), enter "*In the Matter of*" followed by the *Name of the Person Represented*.
- Item 8. PAYMENT CATEGORY: Check the appropriate box that defines the statutory threshold for this representation type. The *appeal* category covers direct appeals from conviction or sentence, and §2254, §2255, and §2241 appeals. The "*Other*" category includes: bail appeals, interlocutory appeals, supervised release violation appeals, mental condition hearing appeals, grand jury witness appeals, government appeals from orders suppressing evidence of dismissing indictments/informations; and motions for authorization to file successive habeas petitions.
- Item 9. TYPE PERSON REPRESENTED: Check the box that defines the legal status of the person represented.

Item 10. REPRESENTATION TYPE: From the list below, select the code that describes the type of representation:

Trial Disposition (appeals from criminal conviction or sentencing after trial or guilty plea).

HA - Habeas Appeal (§2254, §2255, and §2241 appeals).

AA2 - Appeal from order on sentence reduction motion based on guideline amendments relating to crack cocaine. 18 U.S.C. § 3582(c).

CA - Other (bail appeals, interlocutory appeals, supervised release violation appeals, mental condition hearing appeals, grand jury witness appeals, government appeals from orders suppressing evidence or dismissing indictments/informations, and motions for authorization to file a successive habeas petition).

Item 11. OFFENSE(S) CHARGED: Cite the U.S. Code, title and section, of the offense or offenses for which the person represented is charged. If a death penalty case, cite the charge for which the death penalty is being sought. If a civil matter, such as a capital habeas representation or motion attacking sentence, cite 28 U.S.C. § 2254 or 28 U.S.C. § 2255, respectively.

Item 12. PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED: Describe briefly the nature of the proceeding or other purpose for which the transcript is required (e.g., motion hearing, trial preparation, trial, appeal).

Item 13. PROCEEDINGS TO BE TRANSCRIBED: Describe specifically the type of proceedings to be transcribed (e.g., preliminary hearing, arraignment, plea, sentencing, trial, motions, parole or probation proceedings, state court proceedings, deposition). For restrictions on trial transcripts, see Item 14.

Item 14. SPECIAL AUTHORIZATIONS (services other than ordinary transcript): The following services are permitted only if the judicial officer gives special authorization (initialed by the judicial officer where required on the form):

A. Apportionment of Transcript Cost. The Judicial Conference has stated that the total cost of accelerated transcript services should not be routinely apportioned among parties. See CJA Guidelines [§ 320.30.20](#).

B. Types of Transcripts:

Note: All but ordinary transcript services, to be delivered within 30 days after receipt of an order, require special prior judicial authorization.

(1) 14-Day - to be delivered within 14 calendar days after receipt of an order.

(2) Expedited -- to be delivered within 7 calendar days after receipt of an order.

(3) Daily -- to be delivered following adjournment and prior to the normal opening hour of the court on the following morning, whether or not it is an actual court day.

(4) Hourly -- ordered under unusual circumstances to be delivered within 2 hours.

(5) Realtime Unedited Transcript -- to be delivered electronically during the proceedings or immediately following adjournment.

C. Trial Transcripts -- In the absence of special prior authorization, trial transcripts shall exclude the prosecution opening statement, the defense opening statement, the prosecution argument, the defense argument, the prosecution rebuttal, the voir dire and jury instructions.

D. Multi-defendant Cases -- According to Judicial Conference policy, no more than one transcript should be purchased from the court reporter on behalf of CJA defendants in multi-defendant cases. Arrangements should be made for duplication of enough transcript copies, at commercially competitive rates, for each CJA defendant for whom a transcript has been approved. The cost will be paid from CJA funds. This policy does not preclude the court reporter from providing copies at the commercially competitive rate. In addition, the court may grant an exception to this policy based upon a finding that application of the policy will unreasonably impede the delivery of accelerated transcripts to persons proceeding under the CJA. See CJA Guidelines § [320.30.30](#).

Item 15. ATTORNEY'S STATEMENT: The court-appointed counsel or the person proceeding pro se under the CJA must sign and date the affirmation statement, and print or type the signatory's name. Check the appropriate box to designate your status as a CJA panel attorney, a retained attorney whose client is unable to afford the cost of the transcript service, a person who qualifies for representation under the CJA but who has chosen to proceed pro se, or an attorney from a legal organization (bar association, legal aid agency, or community defender organization not receiving a periodic sustaining grant under the CJA).

Item 16. COURT ORDER: This order must be signed and dated by the presiding judicial officer, indicating eligibility under the CJA. An additional court order is not necessary to authorize procurement and payment for this service.

- Item 17: COURT REPORTER/TRANSCRIBER STATUS: Check the appropriate box that indicates the reporter's status. Generally, this information will be provided by the court, the reporter, or the clerk.
- Item 18: PAYEE'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER: Print or type the full name and mailing address of the payee. Provide the payee's telephone number, including the area code.
- Item 19: SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE: Provide your Social Security Number (SSN) or your Employer Identification Number (EIN) that you use to report earnings to the Internal Revenue Service (IRS).
- Item 20. TRANSCRIPT COSTS: Cost per page for transcripts prepared by official court reporters, contract court reporters, and transcribers of taped proceedings may not exceed the rates in effect at the time of the authorization. Generally, persons proceeding under the CJA may receive only the original or a copy of the transcript. Two lines for transcript costs have been provided on the form to reflect that the page rate will vary depending upon whether the party received the original or a copy, and that certain portions may be provided at a higher rate for accelerated service. (If more lines are needed to reflect these factors, attach an additional sheet and record the information in the same format as on the form.) A page of transcript shall consist of 25 lines typed on 8 -1/2 x 11 inch paper, prepared for binding on the left side, with 1-3/4 inch margin on the left side and a 3/8 inch margin on the right side. Typing shall be 10 letters per inch. Provide the page numbers for each segment of the transcript.
- Note: Claim reimbursement for only the following expenses: (1) Travel and subsistence of assistants who aid in preparation of daily or hourly transcript, if authorized in advance by the presiding judicial officer; and (2) Extraordinary delivery costs, such as courier services or express mail (regular postage is not reimbursable). Specify and attach receipts or other supporting documentation for expenses.
- Item 21. CLAIMANT'S CERTIFICATION: Generally, the person providing the transcript services will sign this certification. However, if the transcript has been paid for, the attorney can request reimbursement for the cost on this form by signing the claimant's certification. See CJA Guidelines [§ 230.63.20](#) and [§ 320.30.10\(a\)](#). In that event, the attorney also must be listed as the payee in Item 18, and the information required in Items 18 and 19 (SSN, payee's mailing address and telephone number) must relate to the attorney. If the 1099 should be sent to the attorney's Law Firm, indicate the TIN of the Law Firm or corporation and the Law Firm or corporate name in Item 19.

- Items 22. CERTIFICATION OF ATTORNEY OR CLERK. The attorney's signature in Item 22 verifies that the transcript was received. Clerks of court may verify receipt on behalf of persons proceeding pro se, and on behalf of all CJA parties in districts if the practice is authorized by local rule of the court.
- Item 23. APPROVED FOR PAYMENT: After reviewing for reasonableness and compliance with the CJA Guidelines, the presiding judicial officer must sign and date the voucher .
- Item 24. AMOUNT APPROVED. The amount approved for payment.

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED			VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (<i>Case Name</i>)		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (<i>See Instructions</i>)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (<i>Describe briefly</i>)							
13. PROCEEDING TO BE TRANSCRIBED (<i>Describe specifically</i>). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i>							
14. SPECIAL AUTHORIZATIONS						JUDGE'S INITIALS	
A. Apportioned Cost _____ % of transcript with (<i>Give case name and defendant</i>)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Attorney </div> <div style="width: 45%;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Printed Name </div> <div style="width: 45%;"></div> </div> Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Presiding Judge or By Order of the Court </div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Date of Order </div> <div style="width: 45%;"> _____ Nunc Pro Tunc Date </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS <div style="text-align: right; margin-top: 20px;">Telephone Number: _____</div>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original							
Copy							
Expense (<i>Itemize</i>)							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) from any other source for these services. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Signature of Claimant/Payee _____</div> <div style="width: 40%;">Date _____</div> </div>							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">_____ Signature of Attorney or Clerk</div> <div style="width: 45%;">_____ Date</div> </div>							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">_____ Signature of Judge or Clerk of Court</div> <div style="width: 45%;">_____ Date</div> </div>						24. AMOUNT APPROVED	